

City of Mountain View Recreation Division
PARTICIPANT EMERGENCY INFORMATION SHEET

To be completed and signed by a parent or guardian.

Child's Name _____
Home Phone (____) _____ Cell Phone (____) _____
Home Address _____
Street City Zip Code

Camp/location _____ Age _____
Parent/Guardian Name _____ Day Phone (____) _____
Parent/Guardian Name _____ Day Phone (____) _____

Notes, comments or suggestions about your child, which would be helpful to the program staff:

MEDICAL AND EMERGENCY INFORMATION

Allergies: _____
Is child on medication? _____ If yes, please list: _____
Note: Recreation Division staff cannot administer medications to your child. See the Site Director for more information.
Notes about my child's health: _____

Child's Physician's Name _____ Phone (____) _____

Person(s) other than parent/guardian to call in case of emergency:

Name _____	Relationship _____	Phone (____) _____
Name _____	Relationship _____	Phone (____) _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD

All persons on this list must be prepared to show identification. Those persons who are authorized to pick up your child but do not have personal identification cards (e.g. minors) must be introduced to a staff member by a parent/guardian before the time of pick-up. **If the person picking up your child does not have a photo I.D., we must have that person's signature on file before we will release your child.**

Who do you authorize to pick up your child?

Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____
Name _____	Relationship _____	Signature _____